Name in Full: James Allen Barnes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Washington

Date of death: Month: July — Day: 2 — 1904

Age — Years: 69 — Months: 10 — Days: 10

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Farmer

Where Residing If not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Ann Eliza Barnes

Father's Name: Jehmiel Barnes

Father's Birthplace: Md

Mother's Maiden Name: Ann Maria Brown

Mother's Birthplace: Md

Name of person giving Information: W. A. Barnes

How related to deceased: Son

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Senility

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: /s/ A. P. Shrigley

Address: HAGERSTOWN, MARYLAND.

Accident or Suicide?

LIBRARY BUREAU A68814

Passport

Name in Full: Susan Virginia Beraus

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hancock — County: Washington — MARYLAND

Date of death: 1904 July 25 — Age: Years 42, Months 1, Days 20

Sex: Female — Color or Race: White — Birthplace: near Hancock

Occupation: Wife — Where Residing if not at place of death: Died at Home

Married, Single or Widowed: Married — Name of Wife or Husband: Harry H. Beraus

Father's Name: William Gordan — Father's Birthplace: Virginia

Mother's Maiden Name: Minerva Hodges — Mother's Birthplace: Maryland

Name of person giving Imformation: Harry H. Beraus — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] 79. — How long: Dont Know

Immediate: Valvular heart — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P. Thomas Figgs.

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A80518

Name in Full: Ezra Betebrunner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Boonsboro; County: Washington

Date of death 1904: Month: July; Day: 15th; Years: Age 84; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Plasterer; Where Residing if not at place of death: —

Married, Single or Widowed: Widower; Name of Wife or Husband: —

Father's Name: John Betebrunner; Father's Birthplace: Unknown

Mother's Maiden Name: Miss Baker; Mother's Birthplace: "

Name of person giving Information: Oliver Kunkle; How related to deceased: None —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Asthma; How long: 8 hours —

Immediate: ; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes —

Signature of Physician: W. B. Wheeler M.D.

Address: Boonsboro Washington Co —

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: William M. Blackford

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sharpsburg; County: Washington

Date of death 190 4: Month: July; Day: 26

Age: Years: 76; Months: 5; Days: 12

Sex: Male

Color or Race: White

Birthplace: Md

Married, Single or Widowed: Married

Occupation: Retired Farmer

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: Fannie M Blackford

Father's Name: Col John Blackford

Father's Birthplace: Md

Mother's Maiden Name: Knode

Mother's Birthplace: "

Name of person giving Information: Thomas R. Blackford

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemiplegia 66

How long: Two weeks

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. M. Gunsett

Address: Sharpsburg, Md

Accident or Suicide?

LIBRARY BUREAU A86616

Eugene Worker
Undertaker.

Name in Full: Emily Catharine Bowmer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington Co.

Date of death: Month: July; Day: 3-; Year: 1904

Age: Years: 69; Months: 1; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation: House work; Where Residing if not at place of death:

Married, Single or Widowed: Widow; Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Andrew Boward; Father's Birthplace: Md

Mother's Maiden Name: Nancy Wolford; Mother's Birthplace: Md

Name of person giving Information: Mrs Bowmer; How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis; 66; How long: 2 yrs.

Immediate: Paralysis; Exhaustion; How long: 1 Month

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W B Monsarrat

Address: Hagerstown Md.

Accident or Suicide? No

LIBRARY BUREAU A69316

Long Meadow

Name In Full

Certificate of Death

Secretia Catlette

Town

County

Died near Cavetown Washington MARYLAND

Date 1904 Month July Day 25 | Age Y. 40 M. 5 D. 21 | Native of md | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living One

~~Husband~~ Wife of Geo Catlette

Father's Name Don't Know | Mother's Name Nancy Cline

Cause of Death: Primary Tuberculosis | How long sick 8 mos

Immediate | ~~Accident, Suicide, Homicide~~

Reported by S. W. Umstot M.D.

Address Hagerstown md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Annie A Clarke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Washington

Date of death: Month: 7 — Day: 6 — Years: Age 54 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name: J. B. Clark — Father's Birthplace: N. Y.

Mother's Maiden Name: Sarah Anderson — Mother's Birthplace: Md

Name of person giving Information: Sallie Shatzma — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. A. Warkman

Address: HAGERSTOWN, MARYLAND.

Accident or Suicide?

LIBRARY BUREAU A66816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Ada Bessie DeLauder

Died at — Town: Bakersville — County: Washington

Date of death 1904 — Month: July — Day: tenth

Age — Years: 22 — Months: 11 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Lafayette

Occupation: House duties — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John H. DeLauder — Father's Birthplace: Myersville

Mother's Maiden Name: Rebecca Renner — Mother's Birthplace: Pleasant Walk

Name of person giving information: W. S. DeLauder — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis, Pulmonary — How long: Several years

Immediate: Pulmonary Hemorrhage — How long: a short Time

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. Howard Gardner

Address: Sharpsburg - Md

Accident or Suicide?

LIBRARY BUREAU A66518

Name in Full: Daniel Firebrook

No 3 14

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Williamsport. County: Washington

Date of death: Month: July. Day: 29th. Years: 75 Months: Days:

1904

Sex: Male. Color or Race: White. Birthplace: Rudysville

Occupation: Shoemaker. Where Residing if not at place of death:

Married, Single or Widowed: Married. Name of Wife or Husband: Susan Beard

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Imformation: How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility. How long: 4 yrs

Immediate: Exhaustion. How long: One week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. M. Mentz

Address: Williamsport, Md.

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full

Ellsworth Fleagle

Certificate of Death

Died in Town: Near Blue Mountain House County: Washington Co. MARYLAND

Date 1904 Month: July Day: 19 | Age Y. M. D.: One month | Native of: Md | Occupation: None

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name: Jacob Fleagle | Mother's Maiden Name: Edna Ott

Cause of Death — Primary: Convulsions | How long sick: One day

Immediate: " | Accident, Suicide, Homicide

Reported by: Dr Jos. Protzman

Address: Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70939

Name in Full: Infant Child of Lewis & Florence Prence

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cearfoss; County: Washington

Date of death: 1904; Month: July; Day: 3; Age: Years —; Months —; Days 5

Sex: ~~girl~~ female; Color or Race: white; Birthplace: Md.

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: single; Name of Wife or Husband: —

Father's Name: Lewis E. Prence; Father's Birthplace: Md.

Mother's Maiden Name: Florence Wilson; Mother's Birthplace: Penna.

Name of person giving In formation: Lewis Prence; How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 105 —; How long

Immediate: Cholera Infantum; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: H. E. R. Miller

Address: State Line

Accident or Suicide?

LIBRARY BUREAU A99819

Adam

Name in Full: Lulu Gertrude Garrett

No. 212

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Mt. C. & R.R. County: Washington

Date of death	Month	Day	Years	Months	Days
1904	July	16	Age 12	3	6

Sex: Female | Color or Race: White | Birthplace: Rose Hill Farm

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: Single | Name of Wife or Husband: —

Father's Name: George W. Garrett | Father's Birthplace: Downsville

Mother's Maiden Name: Sallie M Fowler | Mother's Birthplace: Mas Co. Md.

Name of person giving Information: Geo. W. Garrett | How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Killed by train | How long: —

Immediate: — | How long: —

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address: W. S. Richardson

Accident or Suicide?

LIBRARY BUREAU A88818

J. F. Kiefer

Undertaker

Interment Bakersville

Cemetery

Name in Full: Catharine Gassaway

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 7; Day: 25; 1904

Age: Years: 53; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: Housework

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Harry Gassaway

Father's Name: Richard Waters

Father's Birthplace: Md

Mother's Maiden Name: Maria Curtis

Mother's Birthplace: Md

Name of person giving information: Mrs. Dorsey

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: 17 yr

Immediate: Dropsy

How long: 6 mo

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. K. Ed Duncan

Address: Hagerstown Md

Undertaker

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

No. 211

CERTIFICATE OF DEATH

MARYLAND

Died at Williamsport — Town — County Washington

Date of death 1904 — Month July — Day 15 — Years Age ~~33 days~~ — Months 1 — Days 3

Sex Girl — Color or Race White — Birthplace Williamsport

Occupation — — Where Residing if not at place of death —

Married, Single or Widowed — . — Name of Wife or Husband —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name Clayton C. Gahn — Father's Birthplace Cedine, Pa

Mother's Maiden Name Lucy A Speck — Mother's Birthplace E. Hanover, Pa

Name of person giving Imformation Clayton C Gahn — How related to deceased Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Cholera Infantum — How long two days

Immediate Exhaustion — How long —

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician J. M. Mertz

Address Williamsport

Accident or Suicide?

LIBRARY BUREAU A88916

J. F. Knapp

Name in Full: Wm C Gray

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death: Month 7 — Day 16 — Years 71 — Months 8 — Days 14

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Retired — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Barbara A Gray

Father's Name: John Gray — Father's Birthplace: Md

Mother's Maiden Name: Mary Ec. Coombs — Mother's Birthplace: Md

Name of person giving Information: John Gray — How related to deceased: Bro

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Epitheloma. — How long: Six Months

Immediate: Hemorrhage. — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. E. Pitzer M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Frederick H Greenawalt

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Boonsboro — County: Washington

Date of death: 1904 — Month: July — Day: 23 — Age: Years 0 — Months 5 — Days 0

Sex: Male — Color or Race: White — Birthplace: Boonsboro

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: None.

Father's Name: Charles Greenawalt — Father's Birthplace: Boonsboro

Mother's Maiden Name: Annie Cronise — Mother's Birthplace: Middletown

Name of person giving information: Father — How related to deceased: Father.

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 4 days

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. T. Smith

Address: Boonsboro Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: *Samuel Morgan Grosh

No 210

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Williamsport. County: Washington

Date of death 1904: Month: July Day: 13

Age: Years: 61 Months: 3 Days: 4

Sex: Male

Color or Race: White

Birthplace: Big Spring Md

Occupation: Laborer

Where Residing if not at place of death: —

Married, ~~Single or Widowed~~: Married

Name of Wife or Husband: Louisa Tice

Father's Name: Wm Grosh

Father's Birthplace: Md Funkstown

Mother's Maiden Name: Sarah Shaffer

Mother's Birthplace: Clay lick Pa

Name of person giving Imformation: Wm Grosh

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Meningitis — How long: 2½ mos.

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Geo Dr Rose

Address: Williamsport, Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Elizabeth Wharton Hicks.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Broadfording — County: Washington

Date of death 1904: Month: July — Day: 30th

Age: Years: 62 — Months: 8 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Clearspring Md

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: George W. Hicks

Father's Name: Benj Metcalf — Father's Birthplace: Md

Mother's Maiden Name: Lucretia Walton — Mother's Birthplace: Md

Name of person giving information: Geo. W. Hicks — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Debility — How long: Six months

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. C. Phillips M.D.

Address: Mason & Dixon, Pa.

Accident or Suicide? —

LIBRARY BUREAU A8818

Name in Full: Infant Jones

No 213

CERTIFICATE OF DEATH

MARYLAND

Died at Williamsport County Washington

Date of death 1904 Month July Day 26 Age Years — Months — Days —

Sex Male Color or Race Black Birthplace Wmsptt Md

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Thos Jones Father's Birthplace Newberry S.C.

Mother's Maiden Name Mary Jane Barnett Mother's Birthplace Wmsptt Md

Name of person giving Imformation Benj Barnett How related to deceased Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Premature Birth How long —

Immediate — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. L. Richardson

Address

Accident or Suicide?

LIBRARY BUREAU A88S16

Name in Full

Certificate of Death

Still Born. Kelly

Died at Town: Clearspring County: Washington MARYLAND

Date 1904 Month: July Day: 2nd Age: Y. M. D. Native of: Md Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: Samuel Kelly Mother's Maiden Name: Annie Radle

Cause of Death: Primary: Still Born Immediate:

How long sick:

~~Accident, Suicide, Homicide~~

Reported by: Dr. Perry

Address: Clearspring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Harvey Keyser

Died at Town: Sandy Hook County: Washington MARYLAND

Date 1904 Month: July Day: 31 Age Y. 10 M. 11 D. Native of: Sandy Hook Occupation: Infant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow Widower ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

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Father's Name: Jno. R. Keyser

Mother's Name: Blanche Williams

Cause of Death: Primary: Cholera Infantum

Immediate: Exhaustion

How long sick: 2 weeks.

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Dr B B Ransom

Address: Harpers Ferry W. Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 62768

Name in Full: Clarence B. Kibler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hagerstown — County: Washington

Date of death 1904: Month: July — Day: 3rd — Age: Years: 19 — Months: 8 — Days: 2

Sex: Male — Color or Race: White — Birthplace: Va.

Married, Single or Widowed: Single — Occupation: R.R. Employe

Name of Wife or Husband:

Father's Name: Franklin Kibler — Father's Birthplace: Va.

Mother's Maiden Name: Mary E. Conner — Mother's Birthplace: Va.

Name of person giving information: Frank Kibler — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: R.R. accident — How long: Four days

Immediate: Exhaustion — How long: Twenty four hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A.H.O. Hagan

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU AF2316

Shenandoah

Name in Full: Rachael McCoy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Funkstown; County: Washington

Date of death 1904: Month: July; Day: 10; Years: Age 99; Months: 1; Days: 13

Sex: Female; Color or Race: White; Birthplace: Unknown

Married, Single or Widowed: Widow; Occupation: N. W.

Name of Wife or Husband: Archabel McCoy

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: [illegible]; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy; How long: 3 months,

Immediate: General exhaustion; How long: 15 days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. D. Newcomer Md

Address: Funkstown, Md.

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: John Mc. Cullough.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock — County: Washington

Date of death 1904 — Month: July — Day: 8 — Age — Years: About 35 yrs — Months — Days

Sex: Male — Color or Race: White — Birthplace: Austria

Occupation: Miner — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Not Known.

Father's Name: Not Known — Father's Birthplace:

Mother's Maiden Name: " " — Mother's Birthplace: Austria

Name of person giving Information: Rolf Leary (Boss) — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Lightning — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Martin Justice Mon. F. D's

Address: Hancock Md.

Accident or Suicide? Accident.

LIBRARY BUREAU A86016

Name in Full: Upton Miller

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: 7; Day: 15; 1904

Age: Years: 77; Months: 10; Days: 19

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Shoemaker

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: Catharine Miller

Father's Name: Johnathon Meller

Father's Birthplace: Md

Mother's Maiden Name: Catharine

Mother's Birthplace: —

Name of person giving information: Catharine Miller

How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility

How long:

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. E. Murle M.D.

Address: Hagerstown

Accident or Suicide?

LIBRARY BUREAU A868 16

Name in Full: Mary Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hagerstown — County: Washington — MARYLAND

Date of death 1904 — Month: July — Day: 16th — Age: Years: — Months: 9 — Days:

Sex: Girl — Color or Race: White — Birthplace: Hagerstown Md.

Occupation: — Where Residing if not at place of death: Hagerstown

Married, Single or Widowed: — Name of Wife or Husband:

Father's Name: George M Gunshaw — Father's Birthplace: Pa.

Mother's Maiden Name: Lilly Fox — Mother's Birthplace: Fredk Co. Md.

Name of person giving Information: Father — How related to deceased: 105

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: 48 hours

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. M. Zimmerman M.D.

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Emily Tick

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Near Hancock — County: Washington

Date of death 1904: Month 7 — Day 17 — Age: Years 63 — Months 5 — Days 23

Sex: Female — Color or Race: White — Birthplace: Hankins Pa

Occupation — Where Residing if not at place of death: Home

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Jerome Tick.

Father's Name: [illegible] — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: Jacob Tick — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate: Sclerosis Liver — How long: Long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: F. E. Stigon

Address: Hancock, Md

Accident or Suicide?

LIBRARY BUREAU A86018

Name in Full: Beauford Ragan Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bigel — County: Washington

Date of death: Month: July — Day: 27 — 1904

Age: Years: 5 — Months: — Days: 18

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Edw'd Poole — Father's Birthplace: Md

Mother's Maiden Name: Catharine Summers — Mother's Birthplace: Md

Name of person giving Information: Edw'd Poole — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

PHYSICIAN OR CORONER

Primary: Cholera Infantum — How long: one week

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O. H. Ragan

Address: Hagerstown Md

Accident or Suicide? No

LIBRARY BUREAU A88616

Name in Full: Nelson Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hancock — County: Was

Date of death: 1904 — Month: July — Day: 31 — Age — Years: 86 — Months: 6 — Days:

Sex: Male — Color or Race: Black — Birthplace: Montgomery Co.

Occupation: Laborer — Where Residing if not at place of death: Hancock

Married, Single or Widowed: Married — Name of Wife or Husband:

Father's Name: Millyn Proctor — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Dont Know — Mother's Birthplace: Do

Name of person giving In formation: Nelson Proctor Jr — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old age 15 — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: P E Shipe

Address: Hancock Md

Accident or Suicide?

LIBRARY BUREAU A68516

Name in Full: Mrs. Mary A Rickett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death: Month: July; Day: 5; Year: 1904

Age: Years: 89; Months: ; Days:

Sex: female

Color or Race: white

Birthplace: Md.

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: widow

Name of Wife or Husband: Henry Rickett.

Father's Name: Geo. Bowers

Father's Birthplace: Md.

Mother's Maiden Name: Not Known

Mother's Birthplace:

Name of person giving Information: E. B. Rickett

How related to deceased: grand-son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dropsy 106

How long:

Immediate: Exhaustion

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. A. Mantz M.D.

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A88018

Mapcot X

Name in Full: Gordon A Ridenour

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cavetowne; County: Washington

Date of death: Month 7, Day 16, 1904

Age: Years 4, Months, Days 9

Sex: Male

Color or Race: White

Birthplace: Cavetown Md.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Edward Ridenour

Father's Birthplace: Wash. Co Md

Mother's Maiden Name: Pearl Cary.

Mother's Birthplace: " " "

Name of person giving information: Edward Ridenour

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ileo Colitis

How long: 7 or 8 days

Immediate: Convulsions & exhaustion

How long: 3 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr. J. M. Steck

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Martha H Risser

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Cearfoss — County: Washington

Date of death: July 15 1904 — Month: July — Day: 15 — Age: Years: — Months: 7 — Days: 26

Sex: Female — Color or Race: White — Birthplace: Cearfoss

Occupation: — — Where Residing if not at place of death: Cearfoss

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Jacob H Risser — Father's Birthplace: Hagerstown

Mother's Maiden Name: Annie M Horst — Mother's Birthplace: Cearfoss

Name of person giving Imformation: S. E. Horst — How related to deceased: Grand Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Furuncle — How long:

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. P. Stouffer

Address: Hagerstown, Md.

Accident or Suicide?

LIBRARY BUREAU A88S16

Name in Full: Bessie Emmert Schlosser

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Monroe; County: Washington

Date of death: Month: 7th; Day: 18th; 1904

Age: Years: 35; Months: 7; Days: 28

Sex: Female

Color or Race: White

Birthplace: Polo, Illinois

Occupation: Housewife

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife or Husband: E. Thomas Schlosser

Father's Name: Lewis R Murray

Father's Birthplace: Benevola Md

Mother's Maiden Name: Susanna Emmert

Mother's Birthplace: Benevola Md

Name of person giving information: E. T. Schlosser

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

Immediate: Phthisis Pulmonalis

How long: 2 Years

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide?

Signature of Physician: W. C. Wheeler M.D

Address: Boonsboro Washington Co Maryland

LIBRARY BUREAU A88816

Name in Full: Charles Seaword

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Washington

Date of death 1904: Month: 7; Day: 29; Age — Years: —; Months: 3; Days:

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Child; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: William G. Seaword; Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Musson; Mother's Birthplace: Md

Name of person giving information: William Seaword; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Indigestion; How long: Two days

Immediate: Entero Colitis & Convulsions; How long: Two days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: David A. Strathis

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Lillie F. Bearoft

CERTIFICATE OF DEATH

MARYLAND

Died: Near Lock 53 Town; Washington County

Date of death: 1904 July 15 (Month / Day); Age: 73 Years; Months; Days

Sex: Female; Color or Race: White; Birthplace: Washington Co.

Occupation: Housewife.; Where Residing if not at place of death:

Married, Single or Widowed: Widowed.; Name of Wife or Husband: Daniel Bearoft

Father's Name: Hezekiah Hyde.; Father's Birthplace: Prince George's Co

Mother's Maiden Name: Rachael Grahame; Mother's Birthplace:

Name of person giving Information: Wright Beardt.; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypostatic Pneumonia 14; How long

Immediate: Hypostatic Pneumonia; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Edward Boyer

Address: Hancock Md.

Accident or Suicide?

LIBRARY BUREAU A6981G

Name of Deceased: William H. Seidenstricker

CERTIFICATE OF DEATH

New York ~~MARYLAND~~

Died at: Town: New York City; County:

Date of death: 1904 7 22 Age: 65 Years Months Days

Sex: male Color or Race: white Birthplace: Maryland

Occupation: Traveling Salesman Where Residing if not at place of death: Hagerstown, Md.

Married, Single or Widowed: married Name of Wife or Husband: Mrs. Mary E. Seidenstricker

Father's Name: Solomon Seidenstricker Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving information: W. K. Hoffman How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long

Immediate: Chronic Nephritis 120 How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of: Chas Seidenstricker Undertaker

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Alfred Showman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagerstown; County: Wash

Date of death: Month: July; Day: 27; Years: 77; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Retired Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: married; Name of Wife or Husband: Mrs. Annie Showman

Father's Name: George Showman; Father's Birthplace: Maryland

Mother's Maiden Name: Martha Siddier; Mother's Birthplace: France

Name of person giving Information: Miss Nonna Showman; How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 120 — How long

Immediate: Chronic Nephritis — How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. McP. Scott

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A6551

Name in Full: Alfred Showman

Copy.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagers Town — County: Wash.

Date of death: 1904 — Month: 7 — Day: 27 — Age: Years: 77 — Months — Days

Sex: male — Color or Race: White — Birthplace: Md.

Occupation: Ret. Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife ~~or Husband~~: Annie Showman

Father's Name: Geo Showman — Father's Birthplace: Md.

Mother's Maiden Name: Martha Diddier — Mother's Birthplace: Md.

Name of person giving information: Mrs W. H. Armstrong — How related to deceased: daughter.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long

Immediate: Exhaustion — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. McP Scott

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Maria Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pleasant Valley; County: Washington

Date of death 1904: Month: July; Day: 17

Age: Years: 78; Months: 7; Days: 17

Sex: Female; Color or Race: White; Birthplace: Middletown Md

Married, Single or Widowed: ~~Married~~, ~~Single~~ or Widowed; Occupation: None

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: John L. Smith

Father's Name: John Morgans; Father's Birthplace: Not Known

Mother's Maiden Name: Ann McGuire; Mother's Birthplace: " "

Name of person giving information: Cyrus Smith; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease & Dropsy; How long: 1 year

Immediate: Heart Failure; How long: 7 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Barbour

Address: Smithsburg Md

Accident or Suicide?

LIBRARY BUREAU A36516

Name in Full: Susan B Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND.

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 7 — Day: 26 — Age — Years: 32 — Months: 9 — Days: 13

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Housewife — Where Residing If not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Frank E. Smith

Father's Name: John Hanson — Father's Birthplace: Md

Mother's Maiden Name: Mary Thompson — Mother's Birthplace: Md

Name of person giving Information: 116 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis — How long: Three weeks

Immediate: General Peritonitis — How long: Three weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. A. Watkins

Address: Hagerstown Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Lawson Stine

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (or) Town: Rohrersville — County: Wash

Date of death 1907 — Month: 7 — Day: 10 — Age: Years 64 — Months 5 — Days 8

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Farmer — Where Residing if not at place of death:

Married, S~~ingle~~ — Name of Wife or ~~Husband~~: Rebecka Rohrer

Father's Name: George Stine — Father's Birthplace: Md

Mother's Maiden Name: Mary Smith — Mother's Birthplace: Md

Name of person giving information: Jacob Stine — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 95 — How long:

Immediate: Congestion of Lungs — How long: 6 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. O. Baker

Address: Rohrersville Maryland

Accident or Suicide?

LIBRARY BUREAU A-8516

Name in Full — Mary Thomas —

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Boonsboro — County: Washington Co

Date of death: Month: 1904 July — Day: 4th — Age: Years 63 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: ——— — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Husband: Benjamin Thomas

Father's Name: Robert Smith — Father's Birthplace: winchester Va

Mother's Maiden Name: Rebecca Eichelberger — Mother's Birthplace: Pa.

Name of person giving Information: Mrs Bolinger — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma Liver — How long: 3 months —

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Wheeler M.D. Boonsboro Md

Address: Washington Co

Accident or Suicide? No.

LIBRARY BUREAU A66516

Name in Full: Theodore Thomas

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Porterstown; County: Washington

Date of death: Month: July; Day: 8; 1904

Age: Years: ; Months: ; Days: 21

Sex: male

Color or Race: White

Birthplace: Porterstown

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Oliver Thomas

Father's Birthplace:

Mother's Maiden Name: Maud V. Roffenberger

Mother's Birthplace: Near Sharpsburg

Name of person giving Information: Wm. H. Roffenberger

How related to deceased: Grand father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Unknown

How long:

Immediate: Cranial hemorrhage

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. M. Nikirser

Address: Keedysville Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Jacob Weagley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cavetown — County: Washington

Date of death: Month: 7 — Day: 28 — 1904

Age: Years: 75 — Months: 2 — Days: 28

Sex: Male — Color or Race: White — Birthplace: Cavetown

Occupation: Taylor — Where Residing if not at place of death: Cavetown

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Jacob Weagley — Father's Birthplace: Unknown

Mother's Maiden Name: Isabella Dillon — Mother's Birthplace: Philadelphia

Name of person giving information: M D Hoover — How related to deceased: Brother & Half

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Ulceration of the mucous coats — How long: Two Months

Immediate: of the stomach — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Tracy Bishop M.D.

Address: Smithsburg Maryland

Accident or Suicide?

103

LIBRARY BUREAU A58816

Name in Full: Jacob H. Wills

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hagers Town — County: Washington

Date of death: Month: July — Day: 20 — Year: 1904 — Age: Years: 62 — Months — Days

Sex: male — Color or Race: white — Birthplace: Penna

Occupation: Marble cutter — Where Residing if not at place of death:

Married, Single or Widowed: widower — Name of Wife or Husband: Mrs Martha Wills

Father's Name: Joseph Wills — Father's Birthplace: Penna

Mother's Maiden Name: Mary Orndorf — Mother's Birthplace: "

Name of person giving information: W. J. Wills — How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: — How long:

Immediate: Septicaemia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas B Boyle

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Child of Harry Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hagerstown — County: Washington

Date of death 1904 — Month: 7 — Day: 22 — Age — Years: — Months: — Days: 1

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — Where Residing If not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Harry Wilson — Father's Birthplace: Md

Mother's Maiden Name: Mollie Bowers — Mother's Birthplace: Md

Name of person giving Information: Harry Wilson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 151 — How long:

Immediate: Premature Birth — How long: →

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

L M Hottinger Undertaker

Address: Hagerstown Md

Accident or Suicide?

LIBRARY BUREAU A8881S

Mary H
Lallie E
Irene M
Bessie P
Anna S
Exie S
Ruth M
Mabel E
Ruth N
Fonia E

Josiah H
Charles K
Earl W
John

Name in Full: Mrs Henriette Wolford

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Shady Bower — County: Wash

Date of death 1904 — Month: July — Day: 2 — Age — Years: 62 — Months: 8 — Days:

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: House Wife — Where Residing if not at place of death:

Married, Single or Widowed — Name of Wife or Husband:

Father's Name: Henry Wolff — Father's Birthplace: Germany

Mother's Maiden Name: Margeret ? — Mother's Birthplace:

Name of person giving Information: Laura Wolford — How related to deceased: daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Melancholy — How long:

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician:

Address: Frank Bros Undertakers

~~Accident~~ Suicide? Drowned

LIBRARY BUREAU A68016